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CONFIRMATION NO. 8648

<b>SERIAL NUMBER</b> 10/531,486	<b>FILING OR 371(c) DATE</b> 04/15/2005 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2632	<b>ATTORNEY DOCKET NO.</b> BU-094XX
<b>APPLICANTS</b> James E. Hubbard JR., Derry, NH; Michael D. Healy, Boston, MA; Marianne Mastrangelo, Lynnfield, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/33248 10/20/2003 which claims benefit of 60/419,640 10/18/2002 <i>D.P.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None D.P.</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i>		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 36
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 207				
<b>TITLE</b> Patient activity monitor				
<b>FILING FEE RECEIVED</b> 700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	